

# ENCOUNTER KEYS

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### AHCCCS ENCOUNTER

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## THE IMPORTANCE OF ENCOUNTER DATA

The accuracy of the encounter data submitted affects Contractors. Not only is the submission of encounter data to AHCCCS a mandated requirement established by CMS but the encounter data is used for a variety of managerial and analytical purposes:

- ✓ To determine Disproportionate Share (DSH) payments to hospitals; and
- ✓ To pay Reinsurance to Contractors.

The importance of submitting your data in a timely and accurate manner is very crucial to the program.



"To be prepared for war is one of the most effectual means of preserving peace."

George Washington

## EDIT CHANGE FOR "R427-BIRTHING CENTER SERVICE LIMIT EXCEEDED"

The error code Z691-Birthing Center Service Limit Exceeded has replaced the previous error code R427 Birthing Center Service Center Service Limit Exceeded. Error code R427 was causing erroneous pends when a void/adjustment encounter was submitted. The Z691 has been made an

audit to eliminate unnecessary pended encounters.

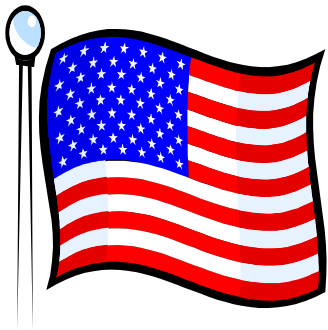
If you have any questions on this change, please contact your Technical Assistant.

## DILEMMAS

For the months of January and February pending encounters with the following error code conditions are not subject to sanction.

**S385 – Service Units Exceed Maximum Allowed** (pertains only to the 80000 procedure codes).

**Z720 – Exact Duplicate Found** for dental encounters when multiple tooth surfaces are reported.



“If we don't believe in freedom of expression for people we despise, we don't believe in it at all.”  
Noam Chomsky

## REPORTING VACCINES FOR CHILDREN (VFC) IMMUNIZATIONS

The following is a clarification of reporting issues for the VFC immunizations which was published in the November-December Encounter Keys.

- \* To report the administration of a vaccine under the VFC program, please report the toxoid code with the VA modifier.
- \* Administration of toxoids (vaccines) not under the VFC program should be reported using the appropriate administration procedure code(s).

Please refer to the Fee For Service Provider Manual (Chapter 14-9) for additional information or contact your Technical Assistant.

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## DENYING ENCOUNTERS

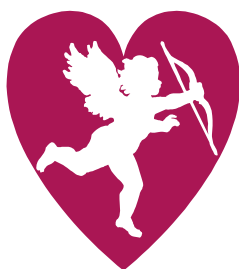
Please do not routinely deny claims that, as an AHCCCS encounter, may pend for pricing issues. AHCCCS assigns a value to all encounters for comparison purposes. When an encounter does not value, it pends. Some pends are appropriate, such as a provider rendering a service for which the provider was not registered to perform. Other pends, such as spanning rate changes or invalid rate splits, are being evaluated and, if suitable, revised. Pending encounters for pricing, that are not provider specific issues, are evaluated internally for AHCCCS errors. If there are no AHCCCS errors, the encounter is released back to the Plan for pending encounter correction.

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## ERROR CODE Z725 TURNED HARD

The above error code Z725 - Exact Duplicate From Different Health Plans has been set to a hard edit. With a begin date of receipt of 10/11/2000. This error code will affect HCFA 1500 and Dental forms only. If you have any questions please contact your Technical Assistant.



"The heart that loves is always young."  
Anonymous (French Proverb)

## PROCEDURE CODE UPDATES

The following procedure codes have revised daily maximum amounts. The new amounts are as follows:

Code	Description	Amount
A4312	Insertion Tray Without Drainage Bag With Indwelling (monthly limit 12)	
J3410	Injection, Hydroxyzine HCL, up to 25 mg	12
J2680	Injection, Fluphenazine Decanoate, up to 25 mg	4
J1631	Injection, Haloperidol Decanoate, per 50 mg	6

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The following procedure codes have had the **"limit one" restriction removed.**

88311 – Decalcification procedure (list separately in addition to code for surgical pathology examination)

88314 – Special stains list separately in addition to code for surgical

88318 – Determinative histochemistry to identify chemical components

88319 – Determinative histochemistry or cytochemistry to identify enzyme constituents

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**PROCEDURE CODE: 43326** – Esophagogastric Fundoplasty; With Gastroplasty has the age restriction lifted.

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**Procedure codes added to the TBI Reinsurance table (RI325) now include:**

W4044-W4049 for Behavior Management

W4070-W4084 for Partial Care

## EDITS TURNED HARD EFFECTIVE 02/01/2002

A600	Mdc Allowed Less Than Mdc Paid Plus Mdc Deduct Plus Mdc Coin
A604	Medicare Amounts Not Valid
R632	Medicare Approved And Paid Not Both Present
T005	Psych Bed W/Out Psych Dx-Invalid
V205	Total Ancillary Non Covered Equals Total Ancillary Billed
V210	Non Covered Ancillary Charges Exceeds Hp Paid Amount
Z680	Contiguous Inpatient Same Day Admit/Disch Reported By Same Health Plan
Z685	Contiguous Inpatient Same Day Admit/Disch Reported By Different Health Plan



"In giving freedom to the slave we  
assure freedom to the free,—  
honorable alike in what we give  
and what we preserve."  
—Second Annual Message to  
Congress, Dec. 1, 1862.  
Abraham Lincoln

## PATIENT STATUS

The **patient status** is required for all inpatient and certain outpatient encounters. Zero (00) filling the patient status field on the encounter will result in pending encounters. Please refer to the Encounter User Manual pages A-10 & 11 for the codes, definitions and applicability.

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## ZERO (\$0.00) BILLED CHARGES

Encounters that are not a part of global services submitted with either zero health plan paid and zero billed charges pend in the AHCCCS system as error code A950 – Data Gathering Error. Many of these encounters have been released from a special location and you will see them on pend files. AHCCCS is unable to assign a value to these encounters.

To correct these encounters, you must review the encounter for billed charges and the health plan paid amount. If you have questions concerning the encounters, please contact your Technical Assistant.

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## TRANSPLANT SERVICES

Contractors are responsible for submitting encounters for covered transplant services. This includes organ and tissue transplants covered under both the regular and catastrophic reinsurance programs.

Please note that UB-92 (Form B) encounters - all contracted transplant services provided by the facility, including accommodation days, organ acquisition, and related inpatient or outpatient hospital services must be submitted on the UB-92 form using the proper revenue codes and bill types. **Services must be itemized as they would be on any non-transplant encounter and must not include physician or other non-facility services.**

Further details on Transplants can be found in the Encounter Reporting User Manual (Chapter 2 pages 5-6). The subcap codes to use with the transplant encounters can be found also in the manual in Appendix A-19.

